

1. This document was created to support maximum accessibility for all learners. If you would like to print a hard copy of this document, please follow the general instructions below to print multiple slides on a single page or in black and white.
2. If you are viewing this course as a recorded course after the live webinar, you can use the scroll bar at the bottom of the player window to pause and navigate the course.
3. This handout is for reference only. Non-essential images have been removed for your convenience. Any links included in the handout are current at the time of the live webinar, but are subject to change and may not be current at a later date.
4. Copyright: Images used in this course are used in compliance with copyright laws and where required, permission has been secured to use the images in this course. All use of these images outside of this course may be in violation of copyright laws and is strictly prohibited.

How to print Handouts

- On a PC
 - Open PDF
 - Click Print
 - Choose # of pages per sheet from dropdown menu
 - Choose Black and White from “Color” dropdown
- On a Mac
 - Open PDF in Preview
 - Click File
 - Click Print
 - Click dropdown menu on the right “preview”
 - Click layout
- Choose # of pages per sheet from dropdown menu
- Checkmark Black & White if wanted.
- If more details needed please visit our FAQ page: <https://www.occupationaltherapy.com/help>



No part of the materials available through the continued.com site may be copied, photocopied, reproduced, translated or reduced to any electronic medium or machine-readable form, in whole or in part, without prior written consent of continued.com, LLC. Any other reproduction in any form without such written permission is prohibited. All materials contained on this site are protected by United States copyright law and may not be reproduced, distributed, transmitted, displayed, published or broadcast without the prior written permission of continued.com, LLC. Users must not access or use for any commercial purposes any part of the site or any services or materials available through the site.

Technical issues with the Recording?

- Clear browser cache using [these instructions](#)
- Switch to another browser
- Use a hardwired Internet connection
- Restart your computer/device

Still having issues?

- Call 866-782-9924 (M-F, 8 AM-8 PM ET)
- Email customerservice@OccupationalTherapy.com

Tools to Optimize Quality Alzheimer's and Dementia Care

Tackling Loneliness and Social Isolation

Dr. Kathleen Weissberg, OTD, OTR/L, CMDCP, CDP
Redhead_lxx@yahoo.com

Learning Outcomes

1. Recognize the scope of the problem related to isolation for residents with dementia
2. Identify practical approaches to implement person-centered care initiatives while in isolation
3. List ways to enhance social connectedness while in isolation
4. Recognize how elements of person-centered approach can minimize behaviors and enhance functional performance while in isolation

The Dementia Genotype

- Dementia genotype may increase COVID-19 vulnerability
- Might increase risk of developing a more severe case of COVID-19
- Other risk factors:
 - Cardiovascular
 - Living in a care home
 - Less likely to follow safety procedures

Reminders Regarding

- Hand-washing and moisturizing
- Covering nose and mouth during a sneeze or cough
- Refraining from placing things in the mouth
- Staying in a particular area
- Taking medications appropriately
- Adopting social distancing practices and refraining from sharing items

Infection Prevention Challenges

- Following recommended practices
- Physical distancing
- Handwashing
- Cloth face covers
- Changes to routines can lead to fear and anxiety resulting in depression and behavioral changes

Suggestions for Memory Care

- Maintain routines
- Dedicate personnel for the memory care unit
- Structured activities
- Safe ways to be active
- Limit the number of residents in common areas
- Frequently clean often-touched surfaces
- Ensure access to necessary medical care

Infection Prevention and Control

- Consider placing reminder signs for handwashing in the bathroom and elsewhere
- Demonstrate thorough hand-washing
- Use alcohol-based hand sanitizers

In Cases of Suspected COVID

- Consider potential risks and benefits of moving residents out of memory care
 - May reduce exposure risk
 - Moving residents with cognitive impairment may cause disorientation, anger, and agitation
 - It may be safer to maintain care on the memory unit with dedicated staff

In Cases of Suspected COVID

- If residents are moved
 - Provide information about the move to residents
 - Be prepared to repeat information as appropriate
 - Prepare personnel on the receiving unit about habits and schedules
 - Move familiar objects into the space before introducing the new space to the resident

Guidance for Families

- Their in-person assistance might be required to communicate important health information and emergency support
- Be prepared to use PPE
- Be aware that providers may face difficulties. Assist as you can to facilitate cooperation with care, PPE, diagnostic procedures, etc.

Person Centered Care

- Know the person!
- Complete a HIPAA-compliant personal information form
 - Individual's preferred name; cultural background; religious or spiritual practices; and past hobbies and interests
 - Names of family and friends
 - What upsets the person and what calms him or her down
 - Sleep habits; eating and drinking patterns and abilities; typical patterns of behavior; and normal daily structure and routines
 - Remaining abilities, motor skills, verbal processing and communication abilities and methods

Assist with Eating and Drinking

- Familiarize yourself with the person's patterns and abilities
- Verbal, visual or tactile cues may facilitate intake
- Sit and talk with the person during mealtime
- Assess swallowing difficulties

Walking and Unsafe Wandering

- Provide safe spaces to walk about
- Secure the perimeter of areas, if possible
- Ensure that persons with dementia get regular exercise
- Provide structured activities throughout the day
- Spending time outdoors in a safe environment

Root Causes of Behavior

- Pain
- Hunger
- Fear, depression, frustration
- Loneliness, helplessness, boredom
- Hallucinations and/or overstimulation
- Changes in environment or routine
- Difficulty understanding or misinterpreting the environment
- Difficulty expressing thoughts or feelings
- Unfamiliarity with PPE

Responding to Behaviors

- Rule out pain, thirst, hunger or the need to use the bathroom as a source of agitation
- Speak in a calm low-pitched voice
- Try to reduce excess stimulation
- Ask others what works for them
- Validate the individual's emotions

Responding to Behaviors

- Understand that the individual may be expressing thoughts and feelings from their own reality
- Try to determine what helps meet the person's needs and include the information in the individualized plan of care
- Be aware of past traumas
- Never use physical force

Proactive Strategies

- Provide a consistent routine
- Use person-centered care approaches
- Promote sharing of person-centered information across the care team
- Treat individuals living with dementia with dignity and respect
- Put the person before the task

Routine

- Routine can reduce the stress of isolation
- Routines help the person know what to expect
- Can improve self-esteem, dignity and confidence
- Reminders help during the earlier stages of the disease
 - At later stages, color cues, pictures, and cues will help
- Allow the person time to do it him or herself!!
 - Go slow and be patient
 - Focus on what he/she CAN do

Routine

- Try breaking the task down into sections
- Carrying out one or two steps can give a sense of achievement
- Reminders or instructions should be simple
- Be tactful

Routine

- Do things together
- Integrate regular activities into the daily routine
- Ensure he/she doesn't feel supervised or criticized in any way
- With advanced dementia, try pointing, demonstrating, or guiding an action rather than giving a verbal explanation

Loneliness and Social Isolation

- Social isolation refers to the objective absence or paucity of contacts and interactions between a person and a social network
- Loneliness refers to a subjective feeling state of being alone, separated or apart from others, and has been conceptualized as an imbalance between desired social contacts and actual social contacts

Loneliness and Social Isolation

- Social isolation is certainly not just an American phenomenon, or a COVID issue
- Before the pandemic began, studies indicated that nearly 25% of older Americans were socially isolated
- 43% of those age 60 and older report feeling lonely
- Loneliness and social isolation impact health
 - 26% increased risk of dementia
 - Increase risk of mortality by up to 29%
 - Chronic conditions – CAD, CVA, HBP

Stay Active and Engaged

- Plan the day
- Stay physically active
- Think of others
- Accept help from others
- Promote intergenerational connection
- Encourage older patients to keep in touch with family and friends

Help Stay Connected

- Scheduling telephone or video calls
- Developing a “What You Should Know” fact sheet
- Provide information about how families can receive updates
- Ensure adaptive devices are available where appropriate
- Remember that each family is unique

Persons with dementia and their families are disproportionately affected by social distancing, isolation and lockdown

Remember that any approach is not a “one-size-fits-all”

Practical Ideas

- Reminisce
- Engage the 5 senses
- “Compare and contrast”
- Reflect
- Plan together
- Purposeful activity
- Laugh
- Connect with loved ones
- Virtual experiences

Keep a Sense of Purpose

- Make a list of jobs and pleasurable activities and create a daily routine
- Make a plan for the next day
- Post the timetable
- Make a list of things to do and tick each one off when finished

Stay Active

- Try to have a balance of stimulating and relaxing activities
- Adapt activities that you would normally do outdoors
- Get plenty of daylight and fresh air
- Appreciate from the window

Stay Connected

- By phone
 - Make a list of people to phone and plan when to call each one
- By post
 - Write letters or cards to loved ones
- Online
 - Email, skype, virtual connections
- In your thoughts
 - Look through photo albums
- Connect more widely
 - Make contact with people you haven't heard from for a while

Stay Connected

- Create a “Connections Plan”
- Recognize that all forms of social connections are important to health, including “superficial” social interactions
- Instrumental and emotional support are social connections
 - Consider using the Questionnaire for Assessing the impact of the COVID-19 Pandemic on Older Adults
- Community outreach programs (e.g., Well Connected)

Stay Positive

- Breathing or relaxation exercises
- Listen to music
- Do the things you enjoy
- Maybe try something new (with support)

Ensuring Safe Quarantine

- Clinical guidance is needed for the development of isolation care plans that address the personhood needs of the isolated resident
- Care plans must incorporate safeguards to minimize any harms
- Guidance about use of pharmacological management, seclusion, and physical restraint measures
- Need for staff and staff training to support these measures and infection control

Decreasing Loneliness

- Name tags
- Using a computer to stay connected
- Stay connected with family members via phone (or trained volunteers)
- Come to the window
- Urge families to send cards, letters, artwork

Decreasing Loneliness

- Online religious services
- Simulated Presence Therapy
- Sorting items (Montessori?)
- Mobilizing Volunteers and family members

Decreasing Loneliness

- Digital Solutions
- Animal interventions
 - Animal assisted therapy
 - Owning a pet
 - Robotic pets
- Creative and art therapy
 - Painting, drawing, music, etc.

Decreasing Loneliness

- Leisure skills
 - Productive activities (e.g., hobbies) are associated with a reduction in loneliness
 - Passive activities do not (e.g., TV, radio)

Case Example

- Activities met with Mr. Y individually to engage in reminiscence around themes of work, leisure, and friends or family to clarify what was important to him in his social relationships
 - He had difficulty remembering
- Together they created a scrapbook of family memories and a poster that visually represented important things that Mr. Y wanted others to know about him
 - This was hung in his room to cue meaningful conversations with others
- The therapist taught him deep breathing and relaxation techniques
 - Nursing cues him to complete several times each day

Key Take Aways

- Interventions that aimed to preserve autonomy are more effective (Hemingway & Jack, 2013).
- Older people wish to be involved in decision making and be supported in their choices (Cattan & Ingold, 2003).
- Activities were more likely to be effective if older people were involved in the planning, developing and execution of activities (Wylie, 2012).
- Older people often find organized “activity programs” patronizing (Pettigrew & Roberts, 2008).
- Active engagement is more effective than activities that are passive (Pettigrew & Roberts, 2008).

Key Take Aways

- Productive engagement may include solitary activities
- ‘Doing’ things accumulates more social contacts than watching or listening to things (Toepoel, 2013)
- Activities that presented a challenge are most appropriate (Howat et al., 2004)
- Promote a sense of purpose
 - Individuals with a sense of purpose are less likely to experience the effects of social isolation

Thank You!

Dr. Kathleen D Weissberg, OTD, OTR/L, CMDCP, CDP

Redhead_lxx@yahoo.com